

<i>SERFF Tracking Number:</i>	<i>UHLC-126805280</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>UnitedHealthcare Insurance Company</i>	<i>State Tracking Number:</i>	<i>46763</i>
<i>Company Tracking Number:</i>	<i>LA25339ST</i>		
<i>TOI:</i>	<i>MS08G Group Medicare Supplement - Standard Sub-TOI:</i>		<i>MS08G.001 Plan A 2010</i>
	<i>Plans 2010</i>		
<i>Product Name:</i>	<i>GROUP MEDICARE SUPPLEMENT</i>		
<i>Project Name/Number:</i>	<i>INQUIRY/LA25339ST</i>		

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: GROUP MEDICARE SUPPLEMENT SERFF Tr Num: UHLC-126805280 State: Arkansas

TOI: MS08G Group Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed-Closed State Tr Num: 46763

Sub-TOI: MS08G.001 Plan A 2010 Co Tr Num: LA25339ST State Status: Filed-Closed
Filing Type: Advertisement Reviewer(s): Stephanie Fowler

Authors: Michelle Ambach, Wanda Augustus, Bobbie Walton

Date Submitted: 09/10/2010 Disposition Date: 09/14/2010
Disposition Status: Filed-Closed

Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: INQUIRY

Project Number: LA25339ST

Requested Filing Mode: File & Use

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/14/2010

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Association

Explanation for Other Group Market Type:

State Status Changed: 09/14/2010

Created By: Michelle Ambach

Corresponding Filing Tracking Number:
LA25339ST

Filing Description:

Enclosed for your information and review are proof copies of advertising material for use in connection with the AARP group health insurance program. This advertising is new and does not replace any material previously approved by the Department and will be used with an approved advertising package. This component will be used as part of an Invitation to Contract kit.

The definitions, disclosures, eligibility requirements, exclusions, limitations, Group Policy Form No. GRP 79171 GPS-1,

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as well as, the statement, "...not connected with, or endorsed by, the U.S. Government or the federal Medicare program," can be found in BA25014AR which was approved by your Department on 11/3/09 under State Tracking Number 43646.

Standardized Medicare Supplement/Select certificates and enrollment applications were previously approved by the Department on 11/3/09 under St. Tr. # 43696

Standardized Medicare Supplement Certificates: MDA 0001 – MDN 0007 (Mass Marketed)
Standardized Medicare Supplement Certificates: MAA 0010 – MAN 0016 (Agent Sales only)
Standardized Medicare Select Certificate: MDSC 0008, MDSF 0009 (Mass Marketed)
Standardized Medicare Select Certificate: MASC 0017, MASF 0018 (Agent Sales only)
Plan Benefit Tables: BT25 – BT33
BT002 ST AB, CF, KLN
BT002 ST CCSelect,
BT002 ST FFSelect
Plan Overviews: POV3, POV4
Rules & Disclosures: RD4, RD5
Premium Rate Pages: MRP0001 (Med Supp), MRP0002 (Med Select) - - (All Non-Agent Marketing Channels)
MRP0003 (Med Supp), MRP0004 (Med Select) - - (All Marketing Channels)
Medicare Select Plan of Operation: PO3

Enrollment Applications: M75146IMMMAR01 01B, et al Approved 11/3/09 under St. Tr. # 43646

Company and Contact

Filing Contact Information

Susan Cipollo, Director Susan_J_Cipollo@uhc.com
680 Blair Mill Rd. 215-902-8444 [Phone]
Horsham, PA 19044 215-902-8813 [FAX]

Filing Company Information

UnitedHealthcare Insurance Company	CoCode: 79413	State of Domicile: Connecticut
185 Asylum Street	Group Code: 707	Company Type: Life and Health
Hartford, CT 06103	Group Name:	State ID Number:
(860) 702-5000 ext. [Phone]	FEIN Number: 36-2739571	

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Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: \$25 PER COMPONENT - 1 COMPONENT = \$25
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$25.00	09/10/2010	39429304
UnitedHealthcare Insurance Company	\$25.00	09/13/2010	39467165

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	09/14/2010	09/14/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Stephanie	09/13/2010	09/13/2010			
Industry	Fowler					
Response						

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Disposition

Disposition Date: 09/14/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule Form	Schedule Item	Schedule Item Status	Public Access
	LETTER	Filed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/13/2010
Submitted Date 09/13/2010
Respond By Date 10/13/2010

Dear Susan Cipollo,

This will acknowledge receipt of the captioned filing. The filing fees submitted are incorrect; the new rates under Rule 57 were effective January 1, 2010. Please submit \$50 for each rate and each form.

Please feel free to contact me if you have questions.

Sincerely,
Stephanie Fowler

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Form Schedule

Lead Form Number: LA25339ST

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 09/14/2010	LA25339ST	Advertising	LETTER	Initial		45.000	LA25339ST.pdf

*{{AARP Medicare Supplement Plans logo here
insured by UnitedHealthcare Insurance Company}}*

[Sample A. Sample
1234 Main Street
Anytown, USA 12345]

Thank you for selecting an AARP® Medicare Supplement Insurance Plan.

Dear [Sample A. Sample],

Thank you for your interest in [AARP® Medicare Supplement Insurance Plan X/AARP® Medicare Select Plan X] insured by UnitedHealthcare Insurance Company. Enclosed you will find details about the plan. Please take a few minutes now to review this important information.

Enclosed materials include:

Outline of Coverage – includes an **Overview of Available Plans** in your area as well as a **Plan Benefit Table** showing more detailed information about the plan you are applying for.

Cover Page – Rates – shows the rates for each of the plans available in your state.

Your Guide – here you'll find information on eligibility, acceptance, definitions and exclusions.

Application Form – an application form has been included for your records. You will be receiving your partially completed application separately.

Electronic Funds Transfer (EFT) Form – sign up for the easy payment option, EFT, and save up to \$24.00 per year per household. With EFT, you never have to worry about missing a payment because your bank will forward it automatically.

Once we receive your completed application, you will be notified of your acceptance, rate and insurance start date. Plus, you will receive a welcome kit that contains your Certificate of Insurance.

After reviewing these materials, should you have any questions, please call **1-800-272-2146**. You can call weekdays 7 a.m. to 11 p.m., and Saturday from 9 a.m. to 5 p.m., Eastern Time.

Your business is appreciated and it will be a pleasure to serve your health insurance needs for many years to come.

LA25339ST

Sincerely,

Susan Morisato
President, Ovations Insurance Solutions
UnitedHealthcare Insurance Company

Important Notice: You are entitled to receive a “Guide to Health Insurance for People with Medicare.” This guide is free, and briefly describes the Medicare program and the health insurance available to those on Medicare. If you are interested in receiving this free guide, please call 1-800-272-2146, toll-free, or find it on the web at www.medsupeducation.com.

The AARP Medicare Supplement Insurance Plans carry the AARP name and UnitedHealthcare pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purpose of AARP and its members. Neither AARP nor its affiliate is the insurer.

AARP doesn't make individual recommendations for health-related products, services, insurance or programs. You are strongly encouraged to evaluate your needs and compare products.

Insured by UnitedHealthcare Insurance Company, Horsham. Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability. All plans may not be available in your state/area.

Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

This is a solicitation of insurance. An agent/producer may contact you.

AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, producers, representatives or advisors. See the enclosed materials for complete information, including benefits, costs, eligibility requirements, exclusions, and limitations.

www.aarphealthcare.com
AARP MEDICARE SUPPLEMENT INSURANCE COVERAGE
Insured by UnitedHealthcare Insurance Company